



Patient questionnaire

Department of Neurosurgery Heidelberg University Hospital

Dear patient,

We would like to invite you to answer the following questions before your examination and thank you for your cooperation.

Personal details (please mark with a cross or fill in)				
First name				
Family name				
Age				
Professional situation	Learned profession:			
	Retired?	Yes	No	
	Are pension proceedings in progress?	Yes	No	
Family situation	Single	Married / partnership	Widowed	Divorced
	Number of children:			

Details concerning the outpatient clinic consultation	please mark with a cross or fill in	
Initial presentation	Yes	No
Re-presentation	Yes	No
International Office (IO)	Yes	No
Who referred you to us?		



When and where did you receive your last imaging (type, date)?

Have you seen a neurosurgeon before? If so, where?

What diseases are you aware of?

	Yes	No	Since when?
Elevated blood pressure			
Tumor disease			
Diabetes mellitus			
Renal dysfunction			
Allergies (which ones?)			
Regular alcohol consumption			
Nicotine consumption (how many cigarettes a day? Since when?)			
Diseases of the thyroid gland			
Diseases of the respiratory tract e.g. bronchial asthma, chronic obstructive pulmonary disease			
Coronary artery disease e.g. status post heart attack			
Cardiac arrhythmia			

What is the reason of your current presentation?

Initial presentation / routine / second opinion		
Re-presentation	Without problems	With problems
Emergency		